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**WORSBOROUGH
URBAN DISTRICT COUNCIL**
(Yorks.)

**ANNUAL
REPORT**

of the
MEDICAL OFFICER OF HEALTH
and

SANITARY INSPECTOR

for the Year 1953⁴

Hibbert, Ashton & Youel, Ltd., Barnsley.

WORSBOROUGH
URBAN DISTRICT COUNCIL
(Yorks.)

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MEDICAL OFFICER OF HEALTH
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SANITARY INSPECTOR
for the Year 1955

TABLE OF CONTENTS.

NATURAL AND SOCIAL CONDITIONS :

Rateable Value	9
Vital Statistics	9
Live and Still Births	9—1
Deaths	10—11
Infantile Mortality	11—12
Deaths in Age Groups	12
Causes of Death	13
Birth and Death Rates	14
Hospitals	16—17
Ambulance Service	18
Home Nursing	18—19
Home Help Scheme	19—20
Laboratory Service	20
Sewerage	27
Sewage Disposal	27
Water	27
Rainfall	28
Recreation Grounds	28
Closet Accommodation	37—38
Bath Accommodation	39—40
Public Cleansing	40
Refuse Collection and Disposal	40—41
Tents, Vans and Sheds	41
Smoke Abatement	41
Colliery Spoilbanks	42
Verminous Premises	42—43
Sanitary Inspection of the Area	50

TABLE OF CONTENTS (Continued).

FOOD :

Milk Supply	43
Milk Sampling	43
Meat Supply	43
Ice Cream	45
Food Hygiene	46

INFECTIOUS AND OTHER DISEASES :

Infectious Diseases Hospitals	16
Tuberculosis Scheme	17
Venereal Diseases	17
Statistics	30
Scarlet Fever	30
Diphtheria	31—32
Measles	31
Whooping Cough	31
Food Poisoning	30
Tuberculosis	32—34

MATERNITY AND CHILD WELFARE :

Infantile Mortality	11—12
Maternity Hospitals	17
Maternity and Child Welfare Clinics	25—26

HOUSING :

Number of Houses	47
Council House Lettings	47
Housing Repairs	49
Housing Statistics	51—53

PUBLIC HEALTH COMMITTEE.

Chairman of the Council : Coun. Charles William Boland, J.P.

Chairman : R. Atkinson, B.E.M., J.P.

Messrs. Councillors A. O. Elmhirst, C. W. Guest, F. Holling, G. Schofield, F. Scothorn, W. Smith, W. H. Wadsworth, A. Wantling, A. Whitaker and H. Wootton.

PUBLIC HEALTH STAFF.

Medical Officer of Health :

R. S. Hynd, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health :

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

Medical Officers of Infant Welfare Clinics : (Part-time)

Birdwell Clinic : J. S. L. Allott, M.B., Ch.B., D.P.H.

Blacker Hill Clinic : J. H. Fairclough, M.B., Ch.B.

Worsborough Bridge Clinic : C. B. Ball, L.M.S.S.A.

Worsborough Dale Clinic : J. H. Ritchie, M.B., Ch.B.

Medical Officers of Ante-Natal Clinics : (Part-time)

Birdwell Clinic : J. H. Ritchie, M.B., Ch.B.

Worsborough Bridge Clinic : K. Mathers, M.B., Ch.B.

Worsborough Dale Clinic : K. Mathers, M.B., Ch.B.

Chief Sanitary Inspector :

L. Dove, Cert. S.I.B., M.S.I.A., Certificated Inspector of Meat and Other Foods.

Additional Sanitary Inspector :

W. Wadsworth, Cert. S.I.B., M.S.I.A.
(Resigned October, 1954).

G. W. Ames, Cert. S.I.B., M.S.I.A.
(Appointed December, 1954).

Health Visitors :

M. Barlow, S.R.N., S.C.M., H.V.Cert.

M. Baker, S.R.N., S.C.M., H.V.Cert.

F. A. Manley, S.R.N., S.C.M., H.V.Cert.

P. E. Mortimer, S.R.N., S.C.M., H.V.Cert.
(Retired June, 1954).

Tuberculosis Visitor :

M. Mellor, S.R.N.

Senior Clerk, Divisional Health Office :

L. S. Wrigg.



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WORSBOROUGH URBAN DISTRICT COUNCIL.

Divisional Health Office,

6, Victoria Road,

BARNSLEY.

September, 1955.

ANNUAL REPORT

for the year ended 31st December, 1954.

To the Chairman and Members of the Worsborough Urban District Council.

Mr. Chairman, Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1954. The report has the same general outline as those for previous years and again includes a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The most pleasant feature of the vital statistics, which in general were satisfactory, was the appreciable fall in both the infantile mortality and stillbirth rates. The incidence of infectious diseases was also lower than for 1953 due to a reduction in the number of cases of Measles. It cannot be said however that there was no epidemic of Measles last year for an epidemic did begin in December, the full effects of which were not obvious until the first quarter of the present year.

Vital statistics, while informative and helpful, do not give a complete picture of the health of a community for good health implies the possession of a hopeful and reasonably contented outlook as well as freedom from sickness. Many variable factors influence the outlook on life of each individual,

but some are common to all such as a liking for one's job and an appreciation of one's home and its surroundings. It is not easy to create a pleasant environment in a mining area and the Council is to be congratulated for doing its share to make this possible. There are not many industrial areas so well placed as Worsborough with regard to playing fields, parks and community centres which provide the essentials for physical and social recreation for young and old alike. Commendable housing progress was also made last year not only in the number of new houses built but in the attention given to the improvement of the old properties and in the planning for the removal of those houses beyond repair. I hope that when the slums are cleared the areas freed will be re-developed and that, phoenix-like, something new and worthwhile will arise from the ashes of the old.

I would like to take this opportunity to thank the Chairman and Members of the Health Committee for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Chief Sanitary Inspector, Mr. L. Dove, for his help and loyal co-operation.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

URBAN DISTRICT OF WORSBOROUGH.

Statistics and Social Conditions :

Area	3,420 acres
Population (Census 1951)	14,155
Registrar General's estimate of population mid 1954	14,370
No. of inhabited houses according to rate book 31st December, 1954	4,263
Rateable value 31st December, 1954	£53,635
Nett product of a Penny Rate (1954-1955)	£204/3/5d.

Coal mining is the principal occupation of the population. Other industries in the district include three small textile factories, a saw mill and a shoe factory and though the number of persons employed in these concerns is relatively small they help, nevertheless, in some measure in the industrial life of the district.

VITAL STATISTICS.

Live Births.

	Male	Female	Total
Legitimate	97	114	211
Illegitimate	3	5	8
TOTALS	100	119	219

The number of live births registered was 45 less than for 1953. The Registrar General has again supplied a comparability factor for the year which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 15.2 per 1,000 estimated population as compared with 19.3 per 1,000 estimated population in 1953 and with 15.2 per 1,000 estimated

population for England and Wales. The excess of births over deaths, or the natural increase of population, was 80 as compared with 136 for the previous year.

Still Births.

	Male	Female	Total
Legitimate	1	3	4
Illegitimate	—	—	—
TOTALS	1	3	4

The stillbirth rate was 0.28 per 1,000 estimated population as compared with 0.63 per 1,000 estimated population in 1953 and with 0.36 per 1,000 estimated population for England and Wales.

Deaths.

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 12.2 per 1,000 estimated population as compared with 10.7 per 1,000 estimated population for the previous year and with 11.3 per 1,000 estimated population for England and Wales. There were 139 deaths among the inhabitants of your district last year as against 128 deaths in 1953. The principal causes of death in order of numerical importance were : heart and circulatory diseases, cancer and respiratory diseases. Whilst heart and circulatory diseases remained the chief cause of death last year it will be noted that the relative positions of respiratory diseases and cancer were changed with cancer last year occupying the second place. The deaths from cancer were almost double those of the previous year, with the deaths equally divided between the sexes, but the deaths from respiratory diseases fell by about a third. It would be very unwise to infer a great deal from this apparent increase in the deaths from cancer for the annual mortality statistics from a small community of any particular disease must be a variable quantity and the variations may be without statistical significance. The increase in the number of deaths from cancer and the decrease in the number of deaths from respiratory diseases have been a common finding throughout the

country in the past few years. Undoubtedly the explanation for the fall in death rate from the respiratory diseases lies in the introduction of the antibiotic drugs which have so revolutionised the outlook in these diseases. The increase in the incidence of cancer only emphasises the urgent need for more intensive and co-ordinated research into the cause and treatment of this dread disease.

Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality.

The infantile mortality rate last year was 22.8 per 1,000 live births as compared with 37.9 per 1,000 live births in 1953 and with 25.5 per 1,000 live births for England and Wales. All the deaths were in the neo-natal period.

In previous annual reports to your Council I have expressed the view that stillbirths and deaths within the early neo-natal stage should be considered together and not separately for, fundamentally, the causes of death are the same for both. With this view in mind the Registrar General has suggested a new concept of peri-natal mortality to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period, but no standard definition has yet been adopted. Probably the most useful combination will prove to be stillbirths plus deaths within the first week. Such a concept outlines more clearly the problems connected with stillbirths and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (stillbirths and deaths under one week) has declined much more slowly than has the infant mortality after the first week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There has been some improvement in the peri-natal mortality, but a great deal more research and knowledge will be required before more progress can be made.

INFANT MORTALITY IN 1954.

Nett deaths from stated causes under one year of age.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity	4	—	—	—	4	—	—	—	—	4
Intracranial Haemorrhage	1	—	—	—	1	—	—	—	—	1
TOTALS	5	—	—	—	5	—	—	—	—	5

Infantile Mortality Rate.

1945	35.58	1950	29.9
1946	35.08	1951	52.4
1947	44.52	1952	25.3
1948	39.60	1953 —	37.9
1949	43.13	1952 —	22.8

Deaths in Age Groups.

	Males	Females	Total
Under 1 year	2	3	5
1—5 years	1	—	1
5—10 years	1	1	2
10—15 years	—	—	—
15—20 years	—	—	—
20—25 years	—	1	1
25—35 years	1	—	1
35—45 years	1	3	4
45—55 years	8	3	11
55—65 years	15	8	23
65—70 years	11	6	17
70—75 years	4	11	15
75—80 years	15	15	30
80—85 years	10	9	19
85—90 years	6	2	8
90 years and over	—	2	2
TOTALS	75	64	139

CAUSES OF DEATH IN 1954.

CAUSES OF DEATH		Males	Females
1.	Tuberculosis, Respiratory	—	1
2.	Tuberculosis, other	—	—
3.	Syphilitic Disease	—	—
4.	Diphtheria	—	—
5.	Whooping Cough	—	—
6.	Meningococcal Infections	—	1
7.	Acute Poliomyelitis	1	—
8.	Measles	—	—
9.	Other infective and Parasitic diseases	—	—
10.	Malignant Neoplasm, Stomach	5	3
11.	Malignant Neoplasm, Lung, Bronchus	1	—
12.	Malignant Neoplasm, Breast	—	2
13.	Malignant Neoplasm, Uterus	—	2
14.	Other Malignant and Lymphatic Neoplasms	9	7
15.	Leukaemia, Aleukaemia	—	1
16.	Diabetes	—	1
17.	Vascular Lesions of Nervous System	6	8
18.	Coronary Disease, Angina	13	4
19.	Hypertension with Heart Disease	3	1
20.	Other Heart Disease	7	9
21.	Other Circulatory Disease	7	1
22.	Influenza	—	1
23.	Pneumonia	3	3
24.	Bronchitis	6	5
25.	Other Disease of Respiratory System	1	—
26.	Ulcer of Stomach and Duodenum	—	—
27.	Gastritis, Enteritis and Diarrhoea	1	—
28.	Nephritis and Nephrosis	2	—
29.	Hyperplasia of prostate	—	—
30.	Pregnancy, childbirth, abortion	—	—
31.	Congenital Malformations	—	—
32.	Other defined and ill-defined Disease	4	14
33.	Motor Vehicle Accidents	2	—
34.	All other Accidents	3	—
35.	Suicide	1	—
36.	Homicide and operations of war	—	—
All causes		75	64

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1954.

Based on the Registrar General's Figures.

	Worsboro' Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Prov'nal figures)
Birth Rate per 1,000 estimated population:				
Crude	15.2	14.7	15.1	15.2
Adjusted	15.2	14.8	15.3	
Death Rate per 1,000 estimated population:				
Crude	9.7	12.7	11.9	11.3
Adjusted	12.2	12.8	12.5	
Infective and Parasitic Diseases excluding Tuberculosis but including Venereal Diseases	0.14	0.07	0.08	Not available
Tuberculosis:				
Respiratory	0.07	0.18	0.16	0.16
Other	—	0.01	0.02	0.02
All forms	0.07	0.19	0.18	0.18
Cancer	2.09	2.12	2.01	2.04
Vascular lesions of the Nervous System	0.97	2.03	1.84	Not available
Heart and Circulatory Diseases	3.13	4.88	4.54	Not available
Respiratory Diseases	1.32	1.27	1.22	Not available
Maternal Mortality	—	0.80	0.89	0.69
Infant Mortality	22.8	28.3	28.0	25.5
Neo-natal Mortality	22.8	18.6	18.3	17.7
Still Births	17.9	26.6	25.9	23.4

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and the interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of the illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependant on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was aided appreciably last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Beckett Hospital. The institutional accommodation for mental defectives remained, I understand, very difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum, but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the Report on Mental Health, which follows, there are 28 children and 12 adults who are considered fit for Occupational Centre training, and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below :

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.

Montague Hospital, Mexborough.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance, and bed, bedding and other equipment were issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below :

Tuesday	.....	.....	10.0 a.m. to 12.0 noon (Children)
Wednesday	.....	.....	10.0 a.m. to 12.0 noon
Wednesday	.....	.....	2.0 p.m. to 4.0 p.m.
Thursday	.....	.....	10.0 a.m. to 12.0 noon
Friday	.....	.....	10.0 a.m. to 12.0 noon

Venereal Diseases.

The nearest centre for Worsborough patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,
BARNSELEY.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about $2\frac{3}{4}$ million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established, and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation which was provided and by the efficiency and sufficiency of the Home Nursing Service in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased. Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Dearne. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

Home Nursing.

The total visits made by the Home Nurses in the division last year was 57,530, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948. While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made

among the aged and infirm. Much attention in past years has been focussed on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people is reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients, the vast majority of whom were recent discharges from hospital after an operation. It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing professions.

The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.

Home Helps.

The divisional establishment of Home Helps has increased over the years from 13 whole-time home helps or their equivalent in part-time workers to 34 and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 households, on average, received domestic assistance which, with the permitted establishment, allowed of only 6—7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available home help hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged, for the infirmities of old age

are progressive, however slowly, and the need for help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest, and it was during these months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the home help scheme and perhaps it is right they should for their need is the greatest but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from aged sick, from seeking assistance even though, at first sight, the allowances against payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number, automatically restricts the number of the home help hours allowed to each household. In consequence some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service.

The four maternity and child welfare centres serving the district are situate at Worsborough Bridge, Worsborough Dale, Birdwell and Blacker Hill. During the year 598 children made 6,835 attendances at the welfare clinics and 3,025 examinations were made by the clinic medical officer. 223 children were seen for the first time, all of whom were under one year of age. The health visitors made first visits to 239 infants. The number of re-visits to infants and toddlers was 1,106 and 1,242 respectively. 1,998 home visits of a miscellaneous nature were also made, giving a grand total of 4,575 home visits.

The attendances at the welfare clinics were lower than in 1953, largely due to the fall in the birth rate last year. There was however, I feel, a small general decline in clinic attendances, a decline which I hope will quickly be arrested. The clinic habit is a good habit for it is of equal value to the mothers and to those, and in particular the health visitors, whose job it is to advise and instruct. Many mothers, for instance, have initially refused infant vaccination and immunisation because they fear possible ill effects and it is often difficult to convince them that their fears are really groundless. Often a chat at the clinic with mothers who have had their children vaccinated or immunised and thus learning from the experience of others has helped the doubting mother considerably by resolving her fears. The value of the clinic just as a meeting ground for mothers is not to be despised.

The ante-natal clinics at Worsborough Bridge and Worsborough Dale continued to be well attended but the attendances at the Birdwell clinic were small as compared with former years. We must recognise however that there are many sources of ante-natal care open to the expectant mother and it is her right to choose whichever source she prefers. I am satisfied that the expectant mothers are accepting ante-natal care and are receiving adequate care and attention. The ante-natal exercises classes which have been well established in your district for 3—4 years kept up their good work last year, remained as popular as ever, and yielded excellent results.

Maternity and Child Welfare Clinics.

Birdwell Methodist Church :

Ante-Natal Clinic, Friday, 2-0 p.m. to 4-0 p.m. (fortnightly)
Infant Welfare Clinic, Wednesday, 2-0 p.m. to 4-0 p.m.

Blacker Hill Methodist Chapel :

Infant Welfare Clinic, Thursday, 2-0 p.m. to 4-0 p.m.

Worsborough Bridge, St. John Ambulance Hall :

Ante-Natal Clinic, Tuesday, 2-0 p.m. to 4-0 p.m. (fortnightly)
Infant Welfare Clinic, Monday, 2-0 p.m. to 4-0 p.m.

Worsborough Dale, Community Centre :

Ante-Natal Clinic, Tuesday 2-0 p.m. to 4 p.m. (fortnightly)
Infant Welfare Clinic, Thursday, 2-0 p.m. to 4-0 p.m.
Ultra-Violet Light Clinic, Monday and Friday, 1-30 p.m. to 3-30 p.m.

Mental Health Service.

The Mental Health Social Workers and the Home Teacher last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the division who are under supervision of one form or other, viz. :

	Under 16		Over 16	
	Males	Females	Males	Females
Statutory Supervision	22	23	39	44
Guardianship	—	—	1	3
Voluntary Supervision	—	—	22	25

Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home whichever is the more suitable.

Group classes are held at Wombwell — Wednesdays, Worsborough — Thursday mornings and Darton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley, and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in Institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy and 5 male adults and 9 female adults on the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited — the Sheffield Regional Hospital Board now indicating where after-care is required, although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.

SCHOOL HEALTH SERVICE.

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for handicapped pupils and the introduction of two important changes in the divisional school health scheme.

Wombwell Day Special School.

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school, especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was

a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

Tuberculin Testing of School Entrants.

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-Ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent, and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

B.C.G. Vaccination.

Reference to the B.C.G. Vaccination Scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. Vaccination Scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendances at the various clinics.

Routine School Medical Inspections were carried out by Dr. Barnes at the undermentioned schools :

- Worsborough Dale Council Infants.
- Worsborough Ward Green J.M. & I.
- Worsborough Dale Council J.M.
- Worsborough Birdwell J.M. & I.
- Worsborough Blacker J.M. & I.
- Worsborough Dale C. of E. J.M.
- Worsborough Bridge R.C.
- Worsborough Village J.M. & I.
- Worsborough Dale Sc. Modern.

SUMMARY OF DEFECTS FOUND.

	No. of Children examined	Defects Found						No. passed for Treatment
		Ocular	E.N.T.	Heart	Lungs	Ortho	Others	
Worborough Dale Council Infants	138	—	12	1	3	3	7	6
Worsborough Ward Green J.M. & I.	77	5	7	1	5	1	3	10
Worsborough Dale Council J.M.	19	3	3	—	—	—	2	6
Worsborough Birdwell Council J.M.	78	4	4	1	—	2	5	6
Worsborough Blacker Hill J.M. & I.	39	3	2	1	2	1	2	—
Worsborough Dale C. of E. J.M.	12	1	—	—	—	—	2	1
Worsborough Bridge R.C.	16	—	1	—	1	—	3	2
Worsborough Village J.M. & I.	15	2	—	—	1	—	—	2
Worsborough Dale Sec. Mod.	149	5	3	1	1	5	6	13
	543	23	32	5	13	12	30	46

SCHOOL CLINIC.

St. John Ambulance Hall, WORSBOROUGH BRIDGE.
 No. of children who attended and were seen by Doctor 160

MINOR AILMENTS CLINIC.

Birdwell.

No. of individual children treated by Health Visitor 35
 Total Attendances 36

Ward Green.

No. of individual children treated by Health Visitor	72
Total Attendances	82

Blacker Hill.

No. of individual children treated by Health Visitor	15
Total Attendances	22

Worsborough Bridge.

No. of individual children treated by Health Visitor	130
Total Attendances	175

Worsborough Dale.

No. of individual children treated by Health Visitor	113
Total Attendances	157

SPECIAL CLINICS.**Sun-Ray Clinic, Worsborough Dale.**

No. of children attended	35
Total Attendances	184

Speech Therapy Clinic.

Mrs. P. J. Battye, L.C.S.T., Speech Therapist.

No. of individual children seen	9
Total Attendances	165

Child Guidance Clinic.

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.

No. of children examined	4
Total Attendances	10

SPECIALIST CLINICS.**Ophthalmic Clinics** (70 sessions held in 1954).

Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined	266
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Orthopaedic Clinics (12 sessions held in 1954).

Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined	8
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Ear, Nose and Throat Clinics (11 sessions in 1954).

Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined	33
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Paediatric Clinics (1 Clinic per month).

Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined	12
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SANITARY CIRCUMSTANCES OF THE DISTRICT.

I am indebted to Mr. J. Shepherd, your Engineer and Surveyor, for the following report :

Sewerage.

During the year 1954 the following lengths of additional foul and surface water sewers were laid in connection with new housing development, on the White Cross Estate and the Birdwell Estate.

408 yards of 6 inch Foul Sewer.

108 yards of 9 inch Foul Sewer.

45 yards of 12 inch Foul Sewer.

357 yards of 6 inch Surface Water Sewer.

133 yards of 9 inch Surface Water Sewer.

128 yards of 12 inch Surface Water Sewer.

Sewage Disposal Works.

During the year the settlement tanks were converted from Series to parallel giving an improved effluent, facilitating, cleaning and reducing the water content of the sludge by some 75%. Work was also commenced on a new effluent lagoon to further improve the effluent.

Water Supply.

The total consumption of water during the year amounted to 136,771,000 gallons ; of this some 114,204,000 gallons were taken by domestic consumers. This shows the consumption per head per day to be 26.05 gallons made up of 21.75 gallons per head per day domestic and 4.30 gallons per head per day industrial and commercial.

The Council also supplied 7,000 gallons per day in bulk to Tankersley in the Wortley Rural District Council Area.

During the year some 520 yards of 4 inch water mains were laid in connection with housing development and a further 515 yards of 4 inch main to improve the supply to existing properties.

The usual high standard of purity of water was maintained as shown by the Analyst's report to the Barnsley County Borough for Supplies from the Midhope Supply.

The consumption during the year is rather excessive due to colliery subsidence.

Rainfall.

Daily readings of rainfall are taken at the Council's Sewage Works and the monthly totals during 1954 were as follows compared with the two preceding years.

	1952.	1953.	1954.
January	1.97 inches.	0.42 inches.	1.66
February	0.46 inches.	0.30 inches.	1.65
March	1.51 inches.	0.61 inches.	1.65
April	1.69 inches.	2.31 inches.	0.22
May	1.90 inches.	1.84 inches.	3.54
June	0.96 inches.	1.78 inches.	1.42
July	1.62 inches.	2.18 inches.	1.27
August	1.10 inches.	2.38 inches.	4.85
September	1.68 inches.	1.41 inches.	1.46
October	3.85 inches.	1.55 inches.	3.36
November	1.34 inches.	1.84 inches.	5.02
December	1.73 inches.	1.29 inches.	2.79
	19.81 inches.	17.73 inches.	28.89

Housing.

The number of houses completed during 1954 was as follows :—

3 bedroom type houses (contract)	18
3 bedroom type (Direct Labour)	38
3 bedroom type New Traditional	92
(Spooner Houses)	
Single Persons' Flats (Contract)	10
Private Enterprise	4
	162

Recreation Grounds.

The Work of seeding the new grounds at Worsborough Dale and Ward Green and also at the New Modern School, was satisfactorily carried out by the Parks Department.

GENERAL EPIDEMIOLOGY.

201 cases of infectious diseases were notified last year as compared with 372 in 1953. The main features were the marked decrease in Measles and a slightly higher incidence of Whooping Cough.

**Statement of Notification of Infectious
Diseases received during the year.**

Smallpox	—
Scarlet Fever	23
Diphtheria and Membranous Croup	—
Enteric Fever	—
Pneumonia	21
Puerperal Pyrexia	2
Acute Poliomyelitis (Paralytic)	3
Acute Poliomyelitis (Non-Paralytic)	—
Acute Polio-encephalitis (Infective)	—
Acute Polio-encephalitis (Post-infectious)	—
Dysentery	—
Ophthalmia Neonatorum	1
Erysipelas	4
Respiratory Tuberculosis (New cases only)	8
Other Forms of Tuberculosis (New Cases only)	1
Measles (excluding German Measles)	93
Whooping Cough	42
Meningococcal Infections	2
Food Poisoning	1

Patients removed to Hospital.

Scarlet Fever	13
Measles	3
Whooping Cough	1
Pneumonia	9
Food Poisoning	1
Acute Poliomyelitis (Paralytic)	3
Erysipelas	—
Meningococcal Infections	2

Infectious Diseases in Age Groups.

	Under 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 +	Age U.K.	Total
Pneumonia	1	3	2	1	—	1	5	5	2	1	21
Erysipelas	—	—	—	—	—	—	2	1	1	—	4
Scarlet Fever	—	2	8	13	—	—	—	—	—	—	23
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	5	9	8	20	—	—	—	—	—	—	42
Measles	3	12	18	58	—	—	2	—	—	—	93
Opthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	1	—	—	—	1	2
Acute Poliomyelitis:											
a. Paralytic	—	1	—	2	—	—	—	—	—	—	3
b. Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	1	—	—	1	—	—	—	—	—	—	2
Dysentery	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	1	—	—	—	—	—	—	—	—	—	1

Distribution in Wards.

	North	South	East	West	Total
Measles	45	11	11	26	93
Whooping Cough	22	7	3	10	42
Scarlet Fever	14	2	1	6	23
Pneumonia	8	5	2	6	21
Erysipelas	—	1	—	3	4
Pulmonary Tuberculosis	2	1	4	1	8
Non-Pulmonary Tuberculosis	—	—	—	1	1
Puerperal Pyrexia	1	—	—	1	2
Food Poisoning	1	—	—	—	1
Acute Poliomyelitis: Paralytic	—	1	—	2	3
Meningococcal Infection	1	—	—	1	2
Opthalmia Neonatorum	—	—	1	—	1

Scarlet Fever.

23 cases of Scarlet Fever were notified last year as compared with 25 in 1953. Of the 23 cases 13 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the illness. The main incidence occurred in the last quarter of the year and in general the disease was of a mild character and free from complications.

Measles.

There was a marked fall last year in the incidence of Measles when 93 cases were notified as compared with 269 cases in 1953. Practically the whole of the cases occurred in the last quarter of the year and most of these were notified during the month of December. With 270 cases of Measles notified in the first quarter of this year it is obvious that the cases notified in December were the beginning of an epidemic which has carried on into the present year. Once again the disease was of a mild character and relatively free from complications.

Whooping Cough.

The number of cases notified last year was somewhat greater than the number for the previous year, 42 as against 16. The incidence was evenly spread over the year and the disease never at any time assumed epidemic proportions. Progress in Whooping Cough immunisation was made and 68 infants were immunised at the clinics during the year. This number probably does not represent the total of infant immunisations last year for it is likely a further number were immunised by the family doctors and for whom we possess no record. A careful check of each Whooping Cough notification was made against the immunisation records and, as far as is known, no immunised child contracted the disease.

Poliomyelitis.

Unfortunately 3 children contracted Poliomyelitis last year and all in the first quarter of the year. The infections were of a sporadic nature, and apparently unrelated to each other. Two of the children made complete recoveries but it is regretted the third child contracted the disease in its most virulent form and died within a week of the onset of the illness.

Smallpox and Diphtheria Prophylaxis.

Neither Smallpox nor Diphtheria troubled the district last year and once again I can concentrate my remarks on the subject of prevention and the progress made in the vaccination and immunisation schemes.

Because it so rarely afflicts this country Smallpox is a disease about which the public knows little and perhaps cares less. It is not surprising therefore that very great difficulty is

experienced in trying to convince the majority of parents of the need for infant vaccination. When a disease is amongst you prophylactic measures are naturally popular, but it is a very different matter when a disease is largely a memory, for prophylaxis then becomes more of an ideal than an urgent necessity. Last year 53 infants were vaccinated or about 25% of the total infant population. This figure, I suppose, can be considered reasonably satisfactory but we could wish it were better and must work for its improvement.

The diphtheria immunisation statistics were almost the same as those for the previous year. By the end of the year 67.7% of all children between the ages of 0—14 years were immunised, with 42.0% of the children in the age groups 0—4 years and 80.5% of the children in the age group 5—14 years protected. For some years now I have commented upon the disparity between the percentage of immunised children in the two age groups, a disparity which has persisted over the years with relatively little change. Looking over the comments I have made on this question in previous annual reports I feel there is nothing new to add on the subject but to acknowledge the fact of the disparity, to refuse to accept the validity of the arguments for it, and to continue to strive to overcome all the obstacles in the way for improving it.

Tuberculosis.

There were 8 new cases of Pulmonary Tuberculosis and one new case of Non-Pulmonary Tuberculosis notified last year as compared with 12 and none respectively in 1953. One death from Pulmonary Tuberculosis occurred last year but no death from Non-Pulmonary Tuberculosis was reported. The death rate from all forms of Tuberculosis was 0.07 per 1,000 estimated population as compared with 0.21 per 1,000 estimated population in 1953 and with 0.18 per 1,000 estimated population for England and Wales.

Comments on annual Tuberculosis statistics for small districts must be restrained if they are not to be misleading and it is far better to consider the general trend over the years. Happily the evidence points to a downward trend in both the incidence and mortality. Last year preparations were made for the early introduction in 1955 of an important preventive measure which I believe can hasten the rate of decline of Tuberculosis in the district. The measure I refer to is an extension of the B.C.G. Vaccination Scheme, which

for some years has been offered to child contacts of open cases of Pulmonary Tuberculosis with an ever increasing number of acceptances. Last year it was planned to extend the scheme to school children in the thirteen-years age group, irrespective of previous contact with Tuberculosis. Those, who by a simple skin test, show a lack of immunity against the disease will be vaccinated. The age group of thirteen-years old children was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make the vaccination of this age group an annual event, so that all school leavers in the years ahead will be protected against Tuberculosis through the difficult period of adolescence which confronts them. The response of the Worsborough parents to this scheme was magnificent, and I believe an excellent scheme has been successfully launched. The beneficial effects of the scheme can be awaited with confidence.

Tuberculosis—Record of New Cases during 1954.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1954	37	32	7	5
No. of cases notified for first time during year	1	7	—	1
No. of cases restored to register	—	—	—	—
No. of cases added to register otherwise than by notification	—	1	—	—
No. removed to other districts	3	6	—	—
No. cured or otherwise removed from register	3	1	2	1
No. died from disease	—	1	—	—
No. died from other causes	—	—	—	—
Total at end of 1954	32	32	5	5

Tuberculosis—New Cases and Mortality in 1954.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1	—	—	—	—	—	—	—	—
1—5	—	—	—	—	—	—	—	—
5—10	—	—	—	—	—	—	—	—
10—15	—	1	—	—	—	—	—	—
15—20	—	1	—	1	—	—	—	—
20—25	—	2	—	—	—	—	—	—
25—35	1	3	—	—	—	—	—	—
35—45	—	—	—	—	—	—	—	—
45—55	—	—	—	—	—	—	—	—
55—65	—	—	—	—	—	—	—	—
Over 65	—	—	—	—	—	1	—	—
Totals	1	7	—	1	—	1	—	—

Tuberculosis—New Cases and Mortality for the past 10 years.

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1945	9	5	4	2
1946	9	8	3	1
1947	12	5	9	2
1948	13	4	11	5
1949	14	3	3	1
1950	16	4	3	2
1951	14	3	3	1
1952	10	5	4	—
1953	12	—	3	—
1954	8	1	1	—

ANNUAL REPORT

of the

**Sanitary Inspector and Cleansing Superintendent
for the year of 1954.**

Mr. Chairman and Gentlemen,

It is once more my pleasurable duty to submit to you my Annual Report on the sanitary circumstances of the urban district which we all serve, and on the work carried out by my department.

Each year I have pleasure in recording my appreciation of the continued support and interest given by the members of the Council, and also by my fellow officials. I do not think better relationship exists anywhere between councillors and officials than it does at Worsborough !

I should also like to thank my staff for their loyal co-operation. Mr. Wadsworth, the Additional Inspector, left in October to take up an appointment with Sheffield Corporation, and his place was filled in December by Mr. G. W. Ames, who left Sheffield Corporation to come to Worsborough.

The Council also appointed a pupil in the department in October, a policy which could well be copied by some larger authorities, as the present dearth of inspectors will only be overcome by this method of training young men. This is the third pupil they have employed since the war.

In the following pages I have again tried to give a readable account of the more interesting matters and events of the year, rather than a series of statistical accounts of numbers of inspections and weary theories.

I should, in conclusion, like to thank in particular, the Chairman of the Committee for his continued close interest, and Dr. Hynd for the very harmonious relationship between Medical Officer of Health and Sanitary Inspector.

Your obedient servant,

LYNDON DOVE,

Chief Sanitary Inspector.

Water Supply.

The Engineer and Surveyor deals with extensions to mains and other details regarding the supply and distribution of water in his contribution to this Annual Report.

As previously, I only deal with those houses whose tenants still lack the advantages of a mains water supply.

There are now only six in the district which come under this category and they are :—

11a to 15, Dovecliffe Cottages	.....	.....	4 houses.
Dovecliffe Station	.....	.....	2 houses.

The first four houses are still dependent on a spring supply which collects into an underground tank. This is piped and delivers by gravitation to each house per a tap over the kitchen sink.

As stated so many times previously, it is not a practicable proposition to extend the Council's main to the houses as it would be out of all proportion to their value. The nearest main is 200 yards away with a canal and main electric railway line lying between. Furthermore, the property is included in the Council's schedule of unfit houses to be dealt with in the second five year programme.

The supply to these houses has not failed for natural reasons during the time I have been at Worsborough, but it has failed several times through various other causes, and in September the tenants were once more unable to obtain water. It was found that water was running into the tank alright, but the height never rose to outlet level, and so the owner was asked to expose the walls, but there was not the leakage through these we thought there must be. The supply pipe from the tank to the cottages was next bared and bad leaks were found in this, possibly due to mining subsidence. These leaks repaired, the water level quickly rose and the normal supply was resumed. In the meantime, the Council delivered a daily supply of water in clean dustbins to the tenants, and the owner was charged with the cost of haulage.

The two cottages at Dovecliffe Station are further still from the main supply. They are not dependent, however, on either well or spring but have a daily supply of town's water brought by rail. The cottages form part of the railway station buildings and are occupied by railway employees.

Complaint was received from some of the occupiers of thirteen houses in Sheffield Road and Chapel Street, Birdwell, that their water supply was inadequate. Investigations shewed that the service pipe serving the houses was only $\frac{3}{4}$ inch in diameter and not capable of meeting the demands made upon it by this number of houses. Negotiations began with the five owners concerned, and eventually the Council were requested to lay a further service from the main, which was connected into the existing service at the gable of the sixth house and this resulted in a considerable improvement. The cost was met by the owners of the property.

Water Sampling.

Two samples of water were submitted for bacteriological examination during the year.

Both of these were from the same farm premises, one being a shallow well and the other a plentiful spring supply which the owner was prepared to use for farm purposes if the water was suitable.

The report on both samples shewed the water contained B.coli and the idea was abandoned.

Closet Accommodation.

The Council have maintained their scheme to make the conversion of ducketts and privies an attractive proposition to property owners. This provides for an allowance of half the cost up to a maximum grant of £12/0/0.

Five privies and four ducketts were so converted during the year.

In one case, an existing cesspool was converted into a small plant by the addition of a filter bed and this deals satisfactorily with two water closets now, in place of the former privy middens.

The last remaining privies at Blacker Hill, two serving three cottages, were two of the conversions carried out and an additional water closet was also provided. This conversion was effected by connecting the drains to the drains of council houses adjoining.

The remaining privy was to an old house in Lobwood Lane which has become surrounded by new Council houses and these provided suitable sewerage facilities for the cottage

to connect with. The cottage is one of four which has a limited life, but conversion of the privies was regarded as essential for public health reasons as well as the economic one of not having to make a special journey to empty privies, when bins can be emptied weekly by the lorry serving the encroaching council house estate.

The duckett conversions were as follows :—

- 44, James Street, Worsborough Dale.
- 46, James Street, Worsborough Dale.
- St. Mary's Vicarage, Worsborough.
- 224/226, Sheffield Road, Birdwell.

For many years it has not been possible to give accurately the number and types of sanitary conveniences in the area and the extent to which that accommodation was shared.

Advantage was taken of the house-to-house visits necessary for the purpose of an overcrowding survey which the Council had requested, to remedy this position and accordingly, I am able to give below the numbers of sanitary conveniences of all types in the district. Even these figures, which could have been so accurate, are not quite complete because we did have a few occupiers who refused the information requested. It is, however, within a small fraction of the true facts.

The figures relate to 2,357 private houses and 1,812 council houses.

Number of privies	.....	.....	.....	.....	.....	60
Chemical closets	.....	.....	.....	.....	.....	4
Trough closets	.....	.....	.....	.....	.....	2
Waste water closets	.....	.....	.....	.....	.....	23
Water closets	.....	.....	.....	.....	.....	4161

The number of houses which do not have a water closet for their own use, but have to share with a neighbour, is 759. I think that when we have decided which houses shall be scheduled as unfit, we should go forward whenever possible to try and secure that every remaining house shall have a separate water closet for the use of its occupants. No-one denies the desirability of this, but the Public Health Act does not lay down that every house shall have its own sanitary convenience. The local authority must judge each case on its merits, and decide whether the existing accommodation is "sufficient" or not.

The 23 houses served by waste water closets present only a slight problem so far as conversion is concerned and I am hopeful that with the co-operation of the owners, the next couple of years will see the last of these objectionable conveniences.

The 60 privies, which serve 74 houses, present a more difficult matter to deal with, and many of them cannot easily be converted, if at all, being mainly in the outlying parts of the district which remain unsewered.

The 4 chemical closets serve four cottages at Dovecliffe where conversion can never be achieved, for in addition to there being no sewer available, there is not a piped water supply either, as mentioned earlier in this report.

Bath Accommodation.

This is not a subject which normally appears in this report, but at the time of the overcrowding survey we also ascertained the number of houses which did not have a fixed bath.

A bath is a necessity in any house, and especially so in areas like Worsborough, where the atmosphere is well-charged with soot and grime and where children play mainly in the streets. The position has been alleviated considerably by the provision of pithead baths which benefit a large proportion of our menfolk, but women and children have equal right to the health and pleasure of a proper bath.

In the whole area, the number of private houses without a fixed bath is 1,548, out of a total of 2,357 houses visited, or in other words, roughly speaking, only one in every three houses has a fixed bath.

Of the 809 houses which do have baths, 309 were tenant occupied, 492 owner-occupied and 8 unoccupied.

It is a great pity that more advantage is not taken of the facilities offered by the Housing Act, 1949, to instal these amenities in houses, and especially by the 303 persons who own their own houses. It is not always possible, of course, to provide a bathroom because the available accommodation is required solely for sleeping purposes, but where it is, owners should realise that the Council is eager for them to improve their property and ever-ready to make the maximum grant of 50% towards the cost. This applies equally to both

tenant, and owner-occupied property, and I am sure that there are few families who would not be willing to pay extra rent for bathing facilities.

The Council has taken positive steps to shew what can be done in this connection in the miniature "Stockton Experiment" they have decided on in Arthur Street, more details of which will be found under the heading of "Improvement Grants".

Public Cleansing.

Street sweeping, gully emptying and maintenance of public conveniences are under the supervision of the Engineer and Surveyor.

There are three men's urinals on the trunk road which runs through the district, one at Cutting End, one at Furnace Yard, and one at Birdwell. I think the last two could very usefully be more conspicuously labelled for the benefit of motorists. There is a fourth urinal at the bottom of High Street, Worsborough Dale.

There are no public water closets in the area, nor is there any provision for women.

House Refuse Collection.

The work of refuse collection and disposal is carried out by direct labour under my supervision.

Two Dennis vehicles are employed regularly on the work and a Karrier Bantam is in part-time use. The former are 10 cubic yards, and 7 cubic yards capacity, and the latter is also 7 cubic yards.

The staff employed consists of a foreman, two drivers, nine loaders and one man engaged solely on tip control. One loader is also part-time driver and takes over the third lorry as required.

We have maintained a regular seven day collection service for dustbins except for very short periods following annual holidays. Privy middens are emptied fortnightly.

Refuse Disposal.

This is done by controlled tipping, in strategic parts of the district.

Our main tip is at Brough Green where we have been engaged for several years raising the level of low-lying land which was always flooded in winter time.

Tipping is also carried out one day per week behind the "Cock Inn" at Birdwell, where we are raising more flooded grazing land, and a further half day's tipping per week is done at Blacker Hill where we are filling in a quarry.

A tentative enquiry was received from the County Architect regarding the raising of land at the Worsborough Dale Secondary Modern School to form playing fields.

The Council were anxious to carry out this work, but I think it was not realised by the County that it would take a very long time for an area with our population to complete the work and the scheme appears to have fallen through.

We have not been able to get as much covering material for these tips as we should like, but tipping is being carried out without giving rise to any nuisance.

Tents, Vans and Sheds.

There are no sites in the district licensed for moveable dwellings.

Two applications for licences were received during the year. The first was from an engineer employed by a firm who were carrying out alterations to the coke ovens, and the request was for a limited period. The Council have always considered such applications sympathetically and in this case they granted a licence for one year.

The second application was from a person living in his own house at Barnsley and who was building a new bungalow in our district, and wished to sell his house immediately and live in a caravan on his building site. The Council did not feel that this was a deserving case, and refused the application.

Smoke Abatement.

The provision of grit arresting equipment at the Barnsley and District Coking Company was still not complete by the end of the year.

A letter was received from the Ministry of Health's Alkali, etc. Inspector in June, stating that certain parts could still not be delivered, but the installation provided was 60% efficient and some improvement should already be being felt. Residents at Blacker Hill were interviewed and all agreed that there had been a distinct improvement.

One other complaint of smoke nuisance was received and this concerned a greenhouse on the council house estate at Birdwell. The site of the greenhouse had been approved by the Council some years previously, but the tenant had just installed a solid fuel heating system without permission. The building was on a very restricted triangular site surrounded by houses, and nuisance was inevitable, and so the tenant was instructed not to use the boiler. The system was eventually changed to electric tubular heating and all complaint silenced.

Colliery Spoilbanks.

There is only one spoilbank in the area and I am pleased to report that it has been kept under the same good control that it has been for years now, and that no nuisance has arisen.

Eradication of Bed Bugs.

The furniture and effects of twenty five tenants granted new Council houses have been subjected to van fumigation during the year under review. It is a condition of tenancy imposed by the Council that where in my opinion, disinfection is considered necessary, such cases shall be moved in the disinfection van and the cost borne equally by the tenant and the Council.

Eight other cases were discovered and all were sprayed with liquid insecticide and the tenants charged. We have a fixed charge for this according to the number of rooms treated.

Rodent Control.

The Council carry out all the requirements of the Ministry of Agriculture and Fisheries in regard to this matter.

A part-time rodent operator is employed on the work and he spends approximately twenty hours per week on this job. He attended a one day refresher course during the year.

Sewer treatments are carried out twice per year under the supervision of the Ministry's own inspector.

The refuse tips are closely watched and no treatment of them was necessary during the year. Allotments, which generally have a few pig-styes scattered amongst them, are also regularly inspected and treated when necessary.

Other Pests.

Cockroach infestation is a common complaint in this area, and during the year sixty nine such complaints were received.

The Council issue free powder to persons needing it and all the above householders received a supply.

A great deal of patience and thoroughness is needed to rid premises of this pest, but it can be done if our instructions are followed.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The control of production is in the hands of the Ministry of Agriculture and Fisheries and not the local authority.

The local authority still has a part to play, however, in safeguarding the public milk supply, and that is to take samples in course of retail delivery and submit them for suitable examination.

The number of samples taken is lower than it used to be, but that is because since the district became a specified area in which only bottled designated milk can be sold, the number of producer-retailers has decreased from six to none, and the main retailing business is in the hands of only two dairies.

Twenty samples of milk were submitted to the Public Health Laboratory at Wakefield.

Nine of these were Tuberculin-tested milks, six of local production, and the reports received in due course shewed that all of them were free from tubercle bacilli.

The remaining eleven samples were comprised of three Tuberculin-tested (Pasteurised) and eight ordinary Pasteurised, all of which were also satisfactory.

Meat Supply.

For many years the fresh meat supply for the district has been killed at Barnsley Corporation Abattoir and delivered direct to the shops.

In March of the year, the Ministry circularised local authorities informing them that meat was to be de-rationed, and charging them with the responsibility of ensuring that adequate slaughtering facilities would be available when that came about. At the same time they were instructed to have

regard to the fact that the Ministry had adopted the policy of a “moderate concentration” of slaughtering.

Following this, Barnsley Corporation invited all areas served by their abattoir to attend a meeting to discuss the matter. The Corporation had works in hand for doubling the size of the abattoir and convinced all of us that they could cope adequately with all slaughtering that would follow de-rationing.

The Council, through a small sub-Committee met the local butchers, who badly wanted a return to the conditions pre-war, whereby each one could slaughter his own animals in his own slaughterhouse.

After much deliberation, the Council felt that if “moderate concentration” applied anywhere, it certainly applied to Worsborough, which is so closely and conveniently situated to the Barnsley Abattoir. They did appreciate, however, that there might be some chaos on de-rationing and that it might last for a short time, and to overcome this they granted licences for the best three private slaughterhouses until December 31st, and left it to the butchers to organise themselves to use these facilities to the best advantage. It was surprising how little the three slaughterhouses were used.

As December 31st neared, objections were made by two of the owners of the three licensed slaughterhouses, and the Ministry of Food held an Inquiry, but their verdict was not received by the end of the year.

From the date of de-rationing, viz. 5th July, until 31st December, 398 animals were slaughtered for human consumption composed as follows :—

Bulls	.....	.....	.....	.....	.....	.....	.....	.....	3
Bullocks	.....	.....	.....	.....	.....	.....	.....	.....	26
Heifers	.....	.....	.....	.....	.....	.....	.....	.....	57
Cows	.....	.....	.....	.....	.....	.....	.....	.....	78
Calves	.....	.....	.....	.....	.....	.....	.....	.....	18
Pigs	.....	.....	.....	.....	.....	.....	.....	.....	73
Sheep	.....	.....	.....	.....	.....	.....	.....	.....	143

All these were inspected and it was found necessary to condemn the following for the reasons given :—

Pigs.

5 heads	.....	.....	.....	.....	.....	Tuberculosis
2 mesenteries	.....	.....	.....	.....	.....	„
3 plucks	.....	.....	.....	.....	.....	„
1 foreleg	.....	.....	.....	.....	.....	„
1 fillet	.....	.....	.....	.....	.....	„

Sheep.

1 liver	.....	.....	.....	.....	.....	Cirrhosis
2 livers	.....	.....	.....	.....	.....	Parasitic
1 liver	.....	.....	.....	.....	.....	Bacillary necrosis

Bovines.

1 forequarter	.....	.....	.....	.....	.....	Tuberculosis
1 hindquarter	.....	.....	.....	.....	.....	„
2 briskets	.....	.....	.....	.....	.....	„
1 diaphragm	.....	.....	.....	.....	.....	„
16 sets of lungs	.....	.....	.....	.....	.....	„
9 heads	.....	.....	.....	.....	.....	„
6 mesenteries	.....	.....	.....	.....	.....	„
1 liver	.....	.....	.....	.....	.....	„
1 heart	.....	.....	.....	.....	.....	C.bovis
8 livers	.....	.....	.....	.....	.....	Flukes
1 liver	.....	.....	.....	.....	.....	Angioma
1 liver	.....	.....	.....	.....	.....	Abscesses
1 set of lungs	.....	.....	.....	.....	.....	Cysts
3 sets of lungs	.....	.....	.....	.....	.....	Pleurisy
1 udder	.....	.....	.....	.....	.....	Abscesses

Arrangements were made for all condemned meat to be collected, after staining, and sent to a knacker's yard and any credit was paid direct to the butcher who had lost the meat.

Ice Cream.

There were twenty four premises in the area registered under section 14 of the Food and Drugs Act, 1938, for the sale or manufacture of ice cream. This is an increase of two on the previous year, accounted for by one shop ceasing to sell ice cream and three new registrations being granted.

All the premises, with the exception of one, are registered for sale only, and they are the small family grocery shops which have a conservator and sell a pre-wrapped product only.

The other registration is in respect of the ice cream factory at Birdwell belonging to J. W. Bennett & Son, who have continued to produce a clean product.

Altogether, 34 samples of ice cream of various makes have been taken with the results shewn below :—

	Number of Samples	Provisional Grades			
		1	2	3	4
Manufacturer No. 1	5	4	1		
Manufacturer No. 2	6	5	1		
Manufacturer No. 3	5	4		1	
Manufacturer No. 4	4	3	1		
Manufacturer No. 5	5	3	2		
Manufacturer No. 6	4	4			
Manufacturer No. 7	3	3			
Manufacturer No. 8	1				1
Manufacturer No. 9	1	1			

The grade 3 and 4 products were from surrounding areas, and the Sanitary Officers of both were notified of the unsatisfactory reports.

Food Hygiene.

We have continued at all times to impress upon food handlers the importance of clean food.

During the winter I repeated the course of lectures on this subject at the Ward Green Evening Institute, and invited all shopkeepers in the area to attend. The response was not terrific, and a class of only 15 persons was formed, but they were all enthusiastic.

Lectures of this description have a limited appeal and I believe courses should be very short if they are to be effective.

The best method of education is undoubtedly by the informal talk at the food premises themselves where the problems connected with the particular trade can be discussed and solved.

Two notices were served under the Food and Drugs Act, both on owner-occupiers requiring defects to be made good.

HOUSING.

New Houses.

The Council made even greater progress than last year in the building of new houses.

In 1953 the total was 92 houses completed, whereas in the year under review it was 158. This was comprised of 66 traditional, and 92 "new traditional" houses erected by Messrs. Spooners Limited of Hull.

Of the 66 traditional houses, 28 were erected by contractors, and the remaining 38 by the Council's own direct labour force which has now been building houses for seven years.

Only 4 houses were completed by private enterprise, which is a very slight improvement on last year when only 3 were built.

Council House Lettings.

The Council itself still makes the selection of tenants for new houses, leaving those for re-lets to the Housing Manager.

Selection is made from a short list prepared jointly by the Housing Manager and myself from the total list of applications received for Council houses. Sufficient tenants are selected early in the year to occupy the whole of the allocation made to the Council by the Ministry for that year.

Overcrowding.

The Housing Manager has continued to encourage and arrange for exchanges of houses to take place. By this method many, many cases of overcrowding have been relieved since the scheme was first instituted in 1947 as the result of a survey which shewed that although we had three bedroomed houses containing thirteen persons, we also had four bedroomed houses containing only four persons, and similar cases of under, and over, crowding.

During 1954 the number of families which exchanged houses was 43. Not all of these were to obtain better distribution of bedroom accommodation however. The system has developed along the lines of true housing management and allows for exchanges for social reasons such as ill-health, neighbour trouble, cheaper rent considerations and persons wishing to move back to parts of the district they prefer.

In all these cases, the houses involved are inspected by myself, to ensure that they are free from vermin before the exchange is allowed.

The Council gave instructions for an overcrowding survey to be carried out during the year and this was done by the Housing Department in relation to Council houses, and by my Department for private houses.

It was felt that this information would enable the Council to decide their exact housing requirements both with regard to number of houses, and types too, at a time when building costs were rising higher and higher.

One would think that everyone would realise that information of this nature is essential if a local authority is to function efficiently and economically, but we did meet with a few rebuffs, and even a few flat refusals to supply the figures. It seems odd that the people concerned are usually the very first ones to criticise local government, especially if increase in rates is involved.

The survey, which for all practical purposes, can be called complete, shewed that 2,357 private houses contained 7,264 persons, an average of only 3.07 persons per house, and there were only five private houses in the district which were overcrowded, according to the legal standard laid down in the Housing Act.

Another interesting figure relating to private houses is, that of the 2,357 visited, 795 of them were owner-occupied, or rather more than one-third.

There were also 37 unoccupied houses.

The Housing Manager's report on the survey of Council houses shewed that the 1,812 houses visited contained 6,806 persons, an average of 3.75 persons per house. The figure in 1947 was 4.40.

The number of legally overcrowded council houses was 24.

During the year 90 cases of overcrowding were relieved. This figure seems high in relation to those just quoted, but this is because it is not based on the legal standard of overcrowding, but on cases which are overcrowded on the bedroom standard, which this Council feels is the only decent standard to apply.

Repair of Houses.

1954 saw the coming into law of the Housing Repairs and Rents Act and a damp squib it proved to be !

Property owners have done the minimum of repairs since the war for one reason or another, so that most of them could not apply the rent increase provisions because they knew that tenants would immediately apply for a Certificate of Dis-repair, which would not only prevent the new increase, but in addition, the increase under the Rent Act of 1920.

By the end of the year only four Certificates of Dis-repair had been applied for and all were granted.

We have continued to press for repairs, but the job does not become any easier because of increasing costs.

Unfit Houses.

Attention was focussed by the new Act and by Ministry circulars on a subject which the Council have long been waiting to deal with, viz. slum clearance, and during the latter part of the year we were busy inspecting property and drawing up plans for dealing with the problem in the best possible manner.

The result of our survey was not quite complete by the end of the year, but it was well advanced.

We have continued to re-house tenants from the Jarrott's Buildings area on the informal basis agreed with the owners that they would not be re-let, and at the end of the year twenty of the houses were closed.

I also continued to try and link the Council's house-letting programme with the closure of unfit houses, and some very satisfactory co-operation was received from various owners of sub-standard houses from which we moved the tenants, viz.:—

The National Coal Board agreed to close and demolish four houses belonging to them at :

Nos. 15 and 16, Blacker Lane, Worsborough.

Nos. 1a and 2a, Blacker Main, Blacker Hill.

The owner of the cottages at Martin's Square, which forms a blind and dangerous corner at the junction of two County roads, also agreed not to re-let these if and when we re-housed, and also offered the land necessary to carry out road widening free to the County Council if they in return would build the boundary wall. Two of these cottages were closed under this arrangement, viz.:—

Nos. 1 and 6, Martin's Square, Worsborough Bridge.

After interviewing the owner of another notorious block of unfit houses, namely Mitchell Street, Swaithe, we received full co-operation here too, and he agreed to close all or any of the terrace of sixteen houses.

At the end of the year we had only moved one overcrowded tenant but it was a beginning, and the house was closed, viz.:—

No. 6 Mitchell Street, Swaithe.

The owner of Ebenezer Square, Worsborough Dale, continued his agreement and during the year two more of these houses became empty and remained closed, viz.:—

Nos. 20 and 22, Ebenezer Square, Worsborough Dale.

I also persuaded the owner of the row of six small unfit houses at Blacker Hill known as Nos. 2 to 12, Worsborough Road, to close them as we re-housed tenants, and during the year two of these houses become closed, viz.:—

Nos. 6 and 8, Worsborough Road, Blacker Hill.

Housing Act 1949.

The Council and its officials are continually making every effort to get property owners to take full advantage of this Act by which they can bring their houses up to a modern standard and receive a grant of 50% of the cost involved in so doing.

During 1954 the Act did seem to come to life a little so far as Worsborough is concerned, no doubt due to the fact that the Ministry did lower their standard a little, and we like to think also that our repeated publicity did bear some fruit at last.

Nine applications for Improvement Grants were received and 50% of approved expenditure was given in each case.

The Council itself embarked on a very notable experiment and one which I am sure they will be proud of when it is completed. This was to purchase nine houses in Arthur Street, Worsborough Bridge, with the intention of bringing them up to a modern standard by providing bathroom, internal W.C., etc. The work was not commenced until 1955, but the plans had been drawn up and approved in 1954.

We also purchased Carrington House in Worsborough Bridge, which had been used as the Food Office for many years and was standing empty. Plans were drawn up for converting this into two flats which were approved for Improvement Grant by the Ministry. This work also was not commenced until 1955, but it was yet another indication of the initiative of a Council keen to see that its population live in good conditions.

HOUSING STATISTICS.

1. Inspection of dwellinghouses during the year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	.....	.....	.....	.....	.....	.....	.....	312
(b) Number of inspections made for the purpose								514
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations	.....	.....	.....	.....	.....	.....	.....	Nil.
(b) Number of inspections made for the purpose								Nil.
(3) Number of dwellinghouses needing further action:—								
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	.....	.....	.....	.....	.....	.....	.....	26
(b) Number (excluding those in sub-head (3)								
(a) above) found not to be in all respects reasonably fit for human habitation	.....	.....	.....	.....	.....	.....	.....	286

2. Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers								253
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3. Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 & 16, Housing Act, 1936 :—

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	1
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) By owners	1
(b) By Local Authority in default of owners	Nil.

B. Proceeding under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	286
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:—	
(a) By owners	33
(b) By Local Authority in default of owners	Nil.

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation	26
(2) Number of dwellinghouses in respect of which Demolition Orders were made	5
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders	5
(4) Any action under Section 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953 ? If so, what ?	Nil.

D. Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made	.....	.....	.....	.....	.....	.....	.....	.....	Nil.
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit	.....	.....	.....	.....	.....	.....	.....	.....	Nil.

4. Housing Act, 1936 — Part IV. — Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year	.....	.....	.....	.....	.....	.....	.....	29
(2) Number of families dwelling therein	.....	.....	.....	.....	.....	.....	.....	42
(3) Number of persons dwelling therein	.....	.....	.....	.....	.....	.....	.....	175½
(b) Number of new cases of overcrowding reported during the year	.....	.....	.....	.....	.....	.....	.....	Nil.
(c) (1) Number of cases of overcrowding relieved during the year	.....	.....	.....	.....	.....	.....	.....	90
(2) Number of persons concerned in such cases	.....	.....	.....	.....	.....	.....	.....	323

New Houses.

5. Number of new houses provided during the year :—

By Local Authority—Permanent type—

Traditional	.....	.....	.....	.....	.....	.....	.....	.....	66
New-Traditional	.....	.....	.....	.....	.....	.....	.....	.....	92
Temporary type	.....	.....	.....	.....	.....	.....	.....	.....	Nil.
By Private Enterprise	.....	.....	.....	.....	.....	.....	.....	.....	4

6. Housing Act, 1949.

Any action in connection with Section 20, “Grant to persons other than local authorities for improvement of housing accommodation”?

Nine applications for improvement grants were received and confirmed during the year.

VISITS AND INSPECTIONS.

Infectious Disease.

Inspections	38
Disinfections	8
T.B. domiciliary visits	9

55

Sanitary matters.

Nuisance inspections	396
Nuisance re-inspections	126
Piggeries	2
Disinfestations	7
Refuse tip inspections	60
W.C. conversions	14
Works in progress	100
Moveable dwellings	2
Colliery spoilbanks	14

721

Miscellaneous visits.

Visits re cleansing and salvage	50
Smoke observations	2
Hairdressers' Shops	16
Factory inspections	24
Miscellaneous journeys	302
Shops Act	88
Interviews and appointments	125
Rodent inspections	44

651

Food inspections.

Bakehouses	37
Canteens	13
Fried Fish shops	28
Ice Cream premises	41
General food shops	120
Butcher's premises	93
Licensed premises	4

336

Dwellings.

Inspections for defects	312
Re-inspections for defects	193
Council house inspections	80
Overcrowding visits	2403

2988

4751
